



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

Millis
City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



1. Applicant:

Michael Genovese

Name

genovese2008@gmail.com

E-Mail Address

19 Bogastow Cir

Mailing Address

Millis

City/Town

Ma
State

02054
Zip Code

(908) 910 - 0743

Phone Number

Fax Number (if applicable)

2. Representative (if any):

Charron Tree Service

Firm

Kevin

Contact Name

charrontreeservice@yahoo.com

E-Mail Address

1060 Pulaski Blvd

Mailing Address

Bellingham

City/Town

Ma
State

02019
Zip Code

(508) 883 - 8823

Phone Number

Fax Number (if applicable)

B. Determinations

1. I request the Conservation Commission make the following determination(s). Check any that apply:

- ☒ a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- ☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- ☒ c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- ☒ d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Name of Municipality

- ☐ e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



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C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

19 Bogastow Cir

Street Address

Millis

City/Town

54

Assessors Map/Plat Number

2

Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

- c. Plan and/or Map Reference(s):

Title

Date

Title

Date

Title

Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Tree removal - estimate attached



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C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single-family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

CHAMMON

FULLY INSURED

Tree Service

(508) 883-8823

1060 PULASKI BLVD • BELLINGHAM, MA 02019

SUBMITTED TO <i>Michael Genovese</i>	DATE <i>11/23/21</i>
ADDRESS <i>19 Bogastown Circle</i>	PRIMARY PHONE
CITY/STATE/ZIP <i>Millis, Ma.</i>	PHONE <i>908-910-0743</i>
<input type="checkbox"/> SEND CERTIFICATE OF INSURANCE	EMAIL ADDRESS

We hereby submit specifications and estimates, subject to all terms and conditions as set forth on both sides, as follows:

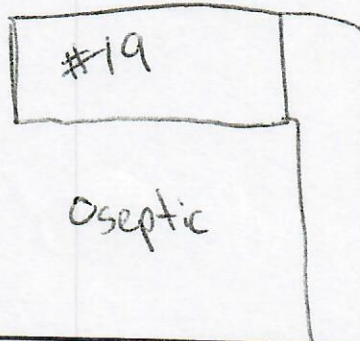
Remove 3 oaks back yard left side
Remove large white pine backyard
Remove large dead oak backyard right side
Remove hanging branch from small pine backyard
Remove all wood and brush
Remove 2 pine 3 right of property @ dead oak
Total \$7500

** Customer must contact conservation **
** Customer must sign heavy equipment waiver **

☒ SEPTIC SYSTEM ☐ PLYWOOD DRIVEWAY ☒ PLYWOOD LAWN ☐ REMOVE GRINDINGS ☐ LEAVE GRINDINGS

- ☒ BUCKET TRUCK
- ☐ CRANE 50 TON
- ☒ CRANE 65 TON
- ☒ GRAPPLE CHIPPER
- ☒ CHIP TRUCK
- ☒ LOG TRUCK
- ☒ SKID STEER
- ☐ MINI SKID STEER
- ☐ STUMP GRINDER
- ☐ LIFT
- ☐ POWER PRUNER
- ☐ LADDER
- ☐ BRUSH MOWER
- ☐ POLICE DETAIL

o pine *e - pine w/ hanger*
o pine *o - dead oak*
o pine

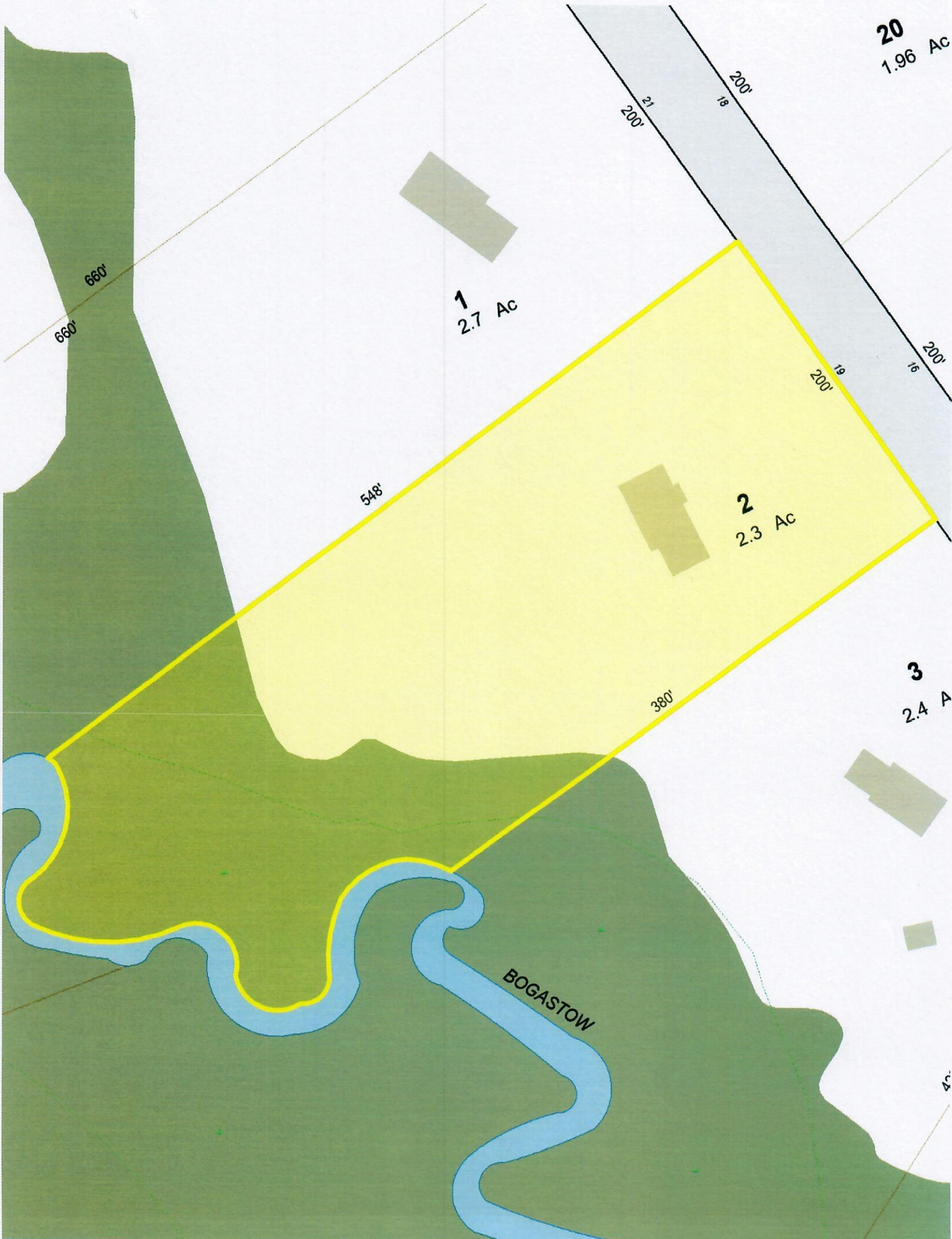


WE PROPOSE hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: _____

Note: This proposal may be withdrawn by us if not accepted within _____ days. Authorized Signature _____ dollars (\$ _____).

ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Payment will be made as outlined above. Signature _____ Date _____



20
1.96 Ac

1
2.7 Ac

2
2.3 Ac

3
2.4 A

BOGASTOW